

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH		
1. County	<u>Apache</u>		BUREAU OF VITAL STATISTICS		State Index - - - No. <u>4</u>
District	<u>St. Johns</u>		ORIGINAL CERTIFICATE OF DEATH		County Registrar's - No. <u>14</u>
Town or city	<u>St. Johns</u>		No. _____		Local Registrar's - No. <u>14</u>
2. FULL NAME <u>William D Shreve</u>			(If death occurred in a hospital or institution, give its NAME instead of street number)		
(a) Residence. No. _____			St. _____ Ward _____		
(Usual place of abode)			(If nonresident, give city or town and State)		
Length of residence in city or town where death occurred yrs. mos. <u>9</u> ds. <u>14</u>			How long in U. S. if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR or RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>single</u> (Write the word)			
5a. If married, widowed, or divorced _____ HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>9/22/24</u>					
7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.	
		<u>9</u>	<u>22</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____					
9. BIRTHPLACE (city or town) <u>St. Johns</u> (State or Country) <u>Ariz</u>					
10. NAME OF FATHER <u>Roy C Shreve</u>					
11. BIRTHPLACE OF FATHER <u>St. Johns</u> (city or town) <u>Arizona</u> (State or country)					
12. MAIDEN NAME OF MOTHER <u>Eliza Rothlisberg</u>					
13. BIRTHPLACE OF MOTHER <u>St. Johns</u> (city or town) <u>Arizona</u> (State or country)					
14. Informant (Address) <u>Roy C Shreve</u> <u>St. Johns Ariz</u>					
15. Filed <u>8/6</u> 19 <u>25</u> <u>J. H. Masten</u> Local Registrar. V. S. No. 1 _____ County Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH (month, day, and year) <u>July 14</u> 19 <u>25</u>					
17. I HEREBY CERTIFY That I attended deceased from <u>July 14</u> 19 <u>25</u> to <u>July 14</u> 19 <u>25</u> that I last saw him alive on <u>July 14</u> 19 <u>25</u> and that death occurred, on the date stated above, at <u>7:30 P. M.</u> The CAUSE OF DEATH was as follows: <u>Cholera Infantum</u> <u>13</u> (duration) yrs. mos. <u>2</u> ds. CONTRIBUTORY <u>Diarrhea</u> (secondary) (duration) yrs. mos. <u>28</u> ds. 18. Where was disease contracted if not at place of death? <u>St. Johns Ariz</u> Did an operation precede death? <u>no</u> date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Symptoms</u> Signed <u>J. D. Baubler</u> M. D. <u>July 14</u> 19 <u>25</u> - (Address) <u>St. Johns Ariz</u> * State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 19. PLACE OF BURIAL CREMATION OR DATE OF BURIAL <u>St. Johns Ariz</u> <u>July 15</u> 19 <u>25</u> 20. UNDERTAKER <u>St. Johns</u>					